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APR 8 2001

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Ann Giovannelli

(Depositor's name)

Ann Giovannelli

(Signature)

March 30, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP/ART UNIT	DATE MAILED
09/272,916	03/19/99	006	PATEL, S	1624 01/12/01
First Named Applicant:	35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: FUNGICIDAL TRIFLUOROMETHYLALKYLAMINO- TRIAZOLOPYRIMIDINES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 3335002	514-256.000	A57	UTILITY	NO	\$1240.00	04/12/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Barbara V. Maurer

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

American Cyanamid Co.

Five Giraldi Farms

Madison, New Jersey 07940

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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 Issue Fee Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Barbara V. Maurer

March 30, 2001

(Date)

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